

# **EXHIBIT 15**



P.O. Box 24523  
Oakland, CA 94623-1523  
Phone 888.335.2722  
Fax 877.548.1610

US ADJUSTING SERVICES  
3109 SKYWAY CIR N  
IRVING, TX 75038-3526

## Offer of Payment

Check No.: 0703294684		Insured: LOIS JENKINS		
Claim No.: 1002-68-2784		Policy No.: HO54012164		Adjuster: Rich Turnbull
Exposure: (1) 1st Party Dwelling - LOIS JENKINS - A-Dwelling - Expense - Other				
Issue Date	Description of Payment	Amount	Acct No.	Amount Total
05/30/2018	Appraisal	\$512.00	*****8404	\$512.00
Payee: Hamilton s Catastrophe Claim Service, Inc.				
Invoice/EOB #: 1002-68-2784		Dates of Service:		
Comments: Payment for inspection on claim 1002-68-2784				
Payment Method: EFT		Date of Loss: 03/29/2018		Loss Type: Homeowners

Policy issued by CSAA Fire &amp; Casualty Insurance Company

Please detach before presenting for payment



**CSAA Fire & Casualty Insurance Company**  
P.O. Box 24523, Oakland, CA 94623-1523

BANK OF AMERICA

70-2328 / 719 IL

**CHECK NO.**  
**0703294684**

**POLICY NO.**  
HO54012164

Exactly Five hundred twelve and 00/100 Dollars\*\*\*\*\*

INSURED	LOSS DATE	CLAIM NO.	DATE	AMOUNT
LOIS JENKINS	03/29/2018	1002-68-2784	05/30/2018	***\$512.00

Pay To The Order Of  
Hamilton s Catastrophe Claim Service, Inc.

VOID IF NOT CASHED WITHIN 180 DAYS OF DATE OF ISSUE

CSAA Insurance Group

AUTHORIZED SIGNATURE



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AMERICAN LEAK DETECTION  
PO BOX 721386  
OKLAHOMA CITY, OK 73172-1386

## Offer of Payment

Check No.: 0716840398		Insured: LOIS JENKINS		
Claim No.: 1002-68-2784		Policy No.: HO54012164		Adjuster: Sayde Brooks
Exposure: (1) 1st Party Dwelling - LOIS JENKINS - A-Dwelling - Expense - Other				
Issue Date	Description of Payment	Amount	Acct No.	Amount Total
06/26/2018	Experts	\$590.00		\$590.00
Payee: AMERICAN LEAK DETECTION				
Invoice/EOB #:		Dates of Service:		
Comments: Invoice: 21638				
Payment Method: Check		Date of Loss: 03/29/2018		Loss Type: Homeowners

Policy issued by CSAA Fire &amp; Casualty Insurance Company

Please detach before presenting for payment



**CSAA Fire & Casualty Insurance Company**  
P.O. Box 24523, Oakland, CA 94623-1523

BANK OF AMERICA

70-2328 / 719 IL

**CHECK NO.**  
**0716840398**

**POLICY NO.**  
HO54012164

Exactly Five hundred ninety and 00/100 Dollars\*\*\*\*\*

INSURED	LOSS DATE	CLAIM NO.	DATE	AMOUNT
LOIS JENKINS	03/29/2018	1002-68-2784	06/26/2018	***\$590.00

Pay To The Order Of  
AMERICAN LEAK DETECTION

VOID IF NOT CASHED WITHIN 180 DAYS OF DATE OF ISSUE

CSAA Insurance Group

AUTHORIZED SIGNATURE